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An Essay on the management of Dysentery

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An Essay on Dysentery

As I engage in this essay from necessity not choice, it will not I hope be considered as a fault in me, that I have nothing particularly new to offer. Neither my reading nor experience has been sufficiently extensive, to enable me to do more than simply to inform myself of the common views and opinions entertained in relation to this disease. In this state of things I feel conscious, that, for the attainment of the end I have in view, I must place much reliance on the indulgence of those to whose examination this essay is to be submitted. But without further preface I hasten to my subject.

History of the disease

Dysentery is so called from ~~two~~ two greek words, signifying a vitiated discharge from the intestines. At all seasons; it prevails in warm climates, and in the summer and autumn of temperate climates. The situations most favourable to its production, are low,

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flat and marshy tracts of country particularly such as are near to large rivers, which over-flow their banks; or in the neighbourhood of lakes and extensive bodies of stagnant water. In all places favourable to the pro-duction of the different forms of bilious fever, Dysentery is to be occasionally met with. It appears, also, at times on the hills adjacent to valleys or low grounds, where in-termitting or Remitting fevers prevail. This is more particularly the case when the low grounds, have been inundated by the overflowing of water, and are covered by vegetable and animal substances in a putrefying state. Under such cir-cumstances dysentery oftintimes rages extensively and fatally, in places which, generally are very healthy. I was wit-ness to an instance of this kind in the summer of the year 1817 in Chilisquaque Township Northumberland County a tract of country in which for many years previously dysentery had been scarcely ever seen. This complaint is more perhaps than any other the scourge of armies and military

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hospitals it prevails also at times in other hospitals as well as in Infirmaries and Jails. In such situations the mortality attending it is commonly great.

Symptoms

Dysentery is usually ushered in by severe gripings, amounting frequently to tormina, with frequent, small mucous or bloody stools, followed by tenesmus.

Natural faces are seldom discharged unless by the operation of medicines, and then they are for the most part in small indurated lumps, denominated scybala.

Sometimes before, but most frequently after, the commencement of the griping and tenesmus, a chill more or less severe, is experienced, followed by fever, with its usual concomitants, thirst, a furred tongue a dry skin and high coloured urine.

Dysentery consists in an inflammatory affection somewhat resembling that of catarrh of the mucous or internal membrane of the great intestines. By some writers this inflammation is said, not perhaps without

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some probability to participate of the Ciracter and appearance of rheumatism. It differs however materially from rheumatism in frequently terminating in sphacelus.

It oftentimes, also, terminates in ulceration of the intestines or in a thickening and partial induration of their coats. It is mostly however in protracted cases that either of these results occurs.

Causes

From its appearing in the same situations, and often, at the same times with Intermitting and Remitting fever dysentery is believed to arise from the same causes, viz Marsh miasmata, that this is usually its source there seems no room to doubt.

At times however it results from other causes, such as cold sudenly alternating with heat checking perspiration, humidity particularly the wearing of wet clothes, or sleeping in damp sheets putrid or otherwise damaged provisions, unripe fruits, or poisonous substanses taken into the alimentary canal. Certain states or constitutions of the atmosphere, seems

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at times, strongly to predispose to this disease. Sporadic cases of it are believed to be occasionally produced by worms. Moseley considers the disease as resulting from an obstruction of the perspiration, and its being thrown in upon the bowels.

Most authors who have written on dysentery consider it also as the offspring of contagion. This is more especially the case when it prevails in camps, Hospitals, Jails, or other crowded situations where the air is confined and foul.

Without attempting to enter beyond my depth into the discussion of this subject I shall be permitted to observe that I think the contagious nature of dysentery under any circumstances, a matter of much and serious doubt. In any cases of it I have myself seen, there was no reason to suspect the existence of contagion. Nor do I believe it ever proves contagious, when it arises from marsh miasmata, or when it prevails in country situations. In Jails Hospitals and camps I have never seen it, and cannot therefore speak of its character

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in such places. As some have called it an inverted fever that fever may be typhus and under that form prove contagious.

As a general rule I feel persuaded that the spreading of dysentery by contagion, is an event much more dreaded than it deserves to be. Few, if any reasons can be given for the contagious nature of that disease which may not be adduced, with equal propriety, to prove that bilious fever in all its forms, is contagious, because it overruns a tract of country, or because a number of persons who have intercourse with each other, are attacked by it in succession, then are common catarh, pleurisy and even rheumatism contagious.

I see no good reason, why any complaint should be considered truly contagious which requires a foul state of atmosphere to spread in. Contagion is a poison and must act agreeably to its nature as well in pure air as that which is impure. This is the case with every poison with which we are acquainted, and the actual existence of which we can prove.

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Why then, should the poison of dysentery, if it really exists, be an exception? For that disease, as we well know spreads only in an impure atmosphere. Hence it appears I think highly probable, that the impurity of the atmosphere is itself the cause.

Diagnosis

Diarrhea and the hemorrhoidal flux are the only complaints with which dysentery can well be confounded. The former of those diseases is distinguished from it, by being marked by lip fever and tenesmus and a more free discharge of fecal matter, accompanied with little or no mucus or blood. The latter by a fuller and free evacuation of blood often pure, without either straining or tenesmus.

In dysentery there is often a discharge of a white sebaceous, or tallowlike substance, and at other times of real pus. On the whole, fever, tormina, tenesmus and frequent small mucous or bloody stools, in conjunction with the time when and place where it prevails characterize dysentery sufficiently to distinguish it from othe diseases.

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Prognosis

When the irritation along the whole intestinal tube is violent and the prostration of strength great, with strangury, hiccough and fetid discharges, the danger is threatening. When upon these symptoms, supervene a looseness of the abdomen, cold clammy sweats, aphthæ, petechia, coldness of the extremities and a shriveling of the features, with a weak irregular pulse a fatal issue may almost with certainty be looked for.

But moderate fever and pain, a general and gentle diaphoresis, the evacuations becoming less frequent, and of a better consistence, are favourable prognostics.

Treatment.

Although I would not say, that Dysentery is to be fairly divided into acute and chronic, yet each case that runs its course, exhibits for the most part two stages. The first is more inflammatory with an increased state of fever.

If the symptoms of the first be violent, blood-letting to a proper extent, which must be regulated by the judgment of the practi

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-tioner, is requisite. If the symptoms be moderate, that remedy may be dispensed with.

If nausea be present the first medicine to be administered is an emetic, which may be either of tartarized antimony, or Ipecacuanha in doses suited to the age and other circumstances of the patient, and to be repeated if necessary. Besides evacuating the stomach, and throwing off perhaps, a quantity of bile, this relaxes in some measure the spasm of the intestines and excites perspiration by determining to the skin.

Should the frequency of the stools and the severity of the griping be somewhat abated by this, the continuance of the perspiration, for several hours by small doses of Ipecacuanha combind with a few drops of laudanum, will be found advantageous.

After this to open the bowels freely by Glauber's or Epsom salts castor oil or some more active purgative if requisite will prove serviceable. An anodyne now exhibited proportioned to the strength of the

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patient and the circumstances of the case, in order to tranquilize the bowels and procure rest, will be found to promote considerably the cure.

This course of evacuants, sudorifics and anodynes is to be steadily pursued, as symptoms call for it, until the disease be brought to a favourable termination.

Doct. Mosely proposes curing the disease by perspiration alone, and offers very plausible reasons for his practice.

Let the drinks in the mean time be mild and diluting, such as barley or rice water, flaxseed tea, gum-arabic dissolved in water, a thin decoction of the powder of arrow-root in water, or if the patient desire them, toast water or weak herb tea.

Should the complaint refuse to yield to this mode of treatment, the griping continuing severe, and the stricture of the bowels unresolved, let injections be administered, in aid of the purgatives. These may consist, at first of warm water molasses and water or water and oil.

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If they fail to operate satisfactorily, add to them a quantity of Glauber's salts or as some advise a strong decoction of the Ipecacuanha root, or even a few grains of tartarized antimony. These if properly administered rarely fail to bring away stools. The discharges in addition to the balls of indurated feces, contain bile for the most part and are exceedingly offensive.

Should the disease still remain obstinate, the warm bath or fomentations to the abdomen, followed by a blister to the same part, are calculated to do good. In cases of still higher obstinacy mercury may be administered in small doses with or without opium, as circumstances direct, until the mouth be slightly affected. This remedy thus exhibited frequently manifests great efficacy. The disease which has withstood every thing else gives way to it entirely and with great promptness.

By Sir John Pringle the crated glass of antimony has been highly extolled as a purgative in dysentery. I have myself

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seen this remedy used, with the happiest effects. It purges kindly and somewhat copiously, when other articles have faild. The dose of it for an adult, is from four to eight grains. It sometimes excites nausea or even vomiting and almost always perspiration. In this latter way by producing a determination to the surface it does much good

In the more protracted or chronic forms of Dysentery where the flux becomes habitual, and the liver often suffers mercury is the remedy most to be relied on. This modification of the disease is particularly incidental to those who have suffered much from a long residence in warm climates. In this state of the complaint there is usually a strong tendency to dropsy particularly to ascites, in consequence of the disordered condition of the liver. This tendency is increased by too sudenly checking the discharge from the bowels by astringents or opiates.

If relief from this complicated affection be procurable it must be from a gentle

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salivation, continued for four or five weeks and repeated as often as may be necessary, with a prudent use of opiates a removal to a temperate climate a strict attention to diet moderate exercise and suitable clothing. It is here that a flannel roll-er worn round the body so as to make gentle pressure on the abdomen has been found of great service. It should be worn constantly, even for years unless the returning health and vigour, of the system renders it unnecessary.

Nitric acid taken to the amount of two or three drachms a day, and long persevered in is represented as very efficac-ous in the treatment of this form of dysentery. Mucilage of gum arabic com-bined with some of the aromatic distilled waters constitutes a pleasant and very proper menstruum for the exhibition of that medicine.

A small quantity of fresh butter, taken several times a day is represented as useful in protracted dysentery.

Convalescence from dysentery is usually

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precarious on account of the facility with which patients relapse. To prevent this, great caution is requisite in the diet, clothing and exercise.

The food of convalescents from dysentery should be light, easy of digestion and, thoroughly cooked, ought to consist chiefly of farinaceous vegetables, milk, soft boiled eggs and the mildest kinds of animal food.

Let the clothing be warm, flannel in particular, being worn next the skin. The feet should be, most carefully kept warm and dry. Worsted or lambs-wool stockings must be worn. The hands ought also to be cautiously guarded.

Exercise must not be, taken except in the day time, and during moderate and dry weather. Exposure in the night is peculiarly hazardous. So indeed is exposure to dampness or cold at any time.

The exercise of gestation should be first taken, afterwards the convalescent may walk out as his strength increases. But let him by no means encounter fatigue.

If, as not unfrequently happens dysentery

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be followed by a troublesome diarhear, the case is to be treated by opiates, astringents and a well regulated diet, together with the aid of suitable clothing, which should always be warm.

Some of the most adviseable astringents are Gum-kino Gum-catechu, logwood &c. A decoction of the root of the common black-berry or dew-berry of our country is also found to be extremely useful.

If the complaint be marked by well defined tertian or quotidian paroxysms let recourse be had to the Peruvian bark as in the case of remittents. With this remedy it is particularly requisite that opium be combined.

Should tenesmus continue after the other symptoms have disappeared opiats internally or anodyne injections and a mild diet will be found beneficial.

I have thus given a summary of the treatment which has been found most succefull and recommended by the best authors for the treatment of Dysentery.

Elegance of style has not been my object

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but merely to convey my ideas with clearness and perspicuity and on this I flatter myself I have not been altogether unsuccessfull.

I now close my subject offering my sincere acknowledgements to the Medical professors for the inestimable benefits I have derived from their lectures and wishing all possible prosperity to that school which their knowledge enriches and their talents adorn.